GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:347
ANSWERED ON:20.11.2002
IMPLEMENTATION OF NTCP
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the performance of States in implementing the National Tuberculosis Control Programme (NTCP) is much below the stipulated targets;

(b) if so, the reasons therefor;

(c) whether the grants released to District Tuberculosis Control Societies and assistance provided to NGOs during the last three years were fully utilized;

(d) if not, the reasons therefor;

(e) whether the total aid/assistance received from the World Bank/Foreign Agencies during the said period was fully utilized; and

(f) if not, the reasons therefor?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a) & (b): To control problem of tuberculosis, National TB Control Programme(NTCP) has been in operation since 1962Since the Programme did not make any significant epidemiological impact in its almost three decades of implementation, it was reviewed by an Expert Committee in 1992 and some of the reasons found for low success of the programme are as under:

- Inadequate budget and insufficient managerial capacity
- Shortage of drugs
- Emphasis on x-ray diagnosis resulting in inaccurate diagnosis
- Poor quality sputum microscopy
- Multiplicity of treatment regimens

On the recommendations of the above committee, Revised National TB ControlProgramme (RNTCP) was launched in 1997 withan objective of achieving cure rate of 85% of new sputum positive cases and to detect at least 70% of suchcases. The RNTCP is being implementing in phased manner and thus NTCP is being phased out.The present coverage under RNTCP is about 502 million population and it is envisaged to cover 700 million by 2004 and the entire country by 2005. Under the Programme all diagnostic and treatment facilities including supply of anti TB drugs for full course of treatment are provided free of cost to the TB patients. The project districts have reported treatment success rate of more than 80%, which means that 8 out of every 10 TB patients diagnosed and put on treatment under revised strategy are successfully treated a s against less than 4 in the previous programme. State-wise performance under RNTCPas per quarterly performance report ending June 2002 is given in Annex.I.

(c) & (d): Funds to the State/District TB Societies were released forundertaking various activities for implementation of RNTCP.As RNTCP was a new strategy of TB Control and large number of preparatory activities were required to adopt this strategy, in the initial period, there had been low utilization of funds. However, utilisation has gradually increased. Funds are released on a non lapsable basis and attempts are being made to ensure that minimum balances are at Districts subject to there being enough funds available for all activities. As regards NGO`s it is stated that involvementof NGO`sunder RNTCP and release of funds to them has been decentralized to the district level. About 510 NGOs are now participating inRNTCP andfunds utilization has increased. Wherever necessary, funds have been reallocated for other requirements.

(e) & (f): The World Bank Project for implementation of RNTCPwas launched in 1997 to cover a population of 271 million in 102 districts and to strengthen 203 districts having population of 447 million to prepare them to adopt RNTCP at a later stage at a cost of Rs.604 crores for a period of 5 years. Till date about 502 million population in 248 districts have been covered under the revised strategy. However, due to low cost of anti TB drugs and binocular microscopes than envisaged inthe Project and in-built provision for contingencies to the extent of 25% of the cost of the Project which was not required to be utilized, till date total expenditure has been Rs.220 crores. In view of the encouraging results of the Project and to utilize the savings, it has been decided to extend the Project till March 2004 to cover a population of 700 million.

ANNEXURE-I

Quarterly Performance report ending June 2002 Performance of RNTCP Case Defection (2002, Second Quarter), Smea Conversion(2002, First Quarter), and Treatment Outcomes (2001, Second Quarter)

State	Population (in lakh)	Total No. of districts implementing RNTCP	No. of districts placed on DOTS	Percentage examined	Percentage s+ve patients living in the district	Total patients treated
Andhra Pradesh	255	23	8	2.4%	95%	8762
Assam	12	23	1	3.0%	95%	514
Bihar	112	37	3	6.3%	98%	2598
Chandigarh	9	1	1	3.2%	83%	427
Delhi	138	20	20	2.1%	91%	9545
Gujarat	480	31	24	2.0%	89%	15093
Haryana	51	19	3	4.1%	96%	2253
Himachal Pr.	61	12	12	2.4%	93%	3664
Jarkhand	49	18	2	3.9%	99%	1562
Karnataka	218	28	11	2.7%	97%	6900
Kerala	318	14	14	1.4%	97%	5998
Madhya Pr.	65	45	5	2.0%	87%	1748
Maharashtr	731	48	32	2.4%	93%	21630
Manipur	24	8	8	4.4%	100%	1655
Orissa	139	30	14	1.7%	83%	4640
Punjab	18	17	1	2.2%	95%	366
Rajasthan	565	32	32	2.7%	91%	25175
Sikkim	5	4	4	2.1%	75%	263
Tamil Nadu	621	29	29	1.5%	94%	20509
Uttar Pr.	206	70	9	4.2%	95%	8620
West Bengal	722	18	15	1.9%	93%	17711
Grand Total	4799	527	248	2.1%	92%	159633

Annualized total case detection rate	New smear +ve patients treated	Annualized smear +ve case detection rate	Percentage of estimated new smear +ve cases detected#	Ratio of smear -ve to smear +ve patients	3 month conversion rate of new smear +ve patients+	Cure rate of new smear +ve patients +	Success rate of new smear +ve
137	3878	61	72%	0.8	85%	72%	76%
175	237	81	95%	0.5	88%	82%	86%
93	1085	39	46%	0.8	93%	91%	92%
190	144	64	75%	0.8	73%		
277	3258	94	111%	0.6	86%	84%	85%
126	6514	54	64%	0.5	89%	80%	81%
176	892	70	82%	0.7	86%	82%	83%
241	1389	91	79%	0.6	93%	89%	90%
128	700	57	68%	0.8	94%	90%	90%
127	2950	54	64%	0.8	89%	82%	83%
75	2682	34	67%	0.5	90%	87%	88%
132	628	47	56%	1.0	83%	86%	87%
121	7903	44	51%	0.9	88%	81%	82%
277	459	77	77%	1.5	88%	85%	85%
141	2457	73	86%	0.5	88%	84%	86%
80	186	40	48%	0.3	91%	78%	81%
178	10261	73	86%	0.7	91%	85%	86%
195	155	115	135%	0.6	85%		
132	8087	52	61%	0.9	89%	81%	83%
167	3722	72	85%	0.7	91%	90%	90%

118	7624	51	59%	0.7	87%	81%	83%
137	65211	56	66%	0.7	89%	83%	84%

Case detection rate totals based on districts implementing for more than one quarter.

Estimated total new smear-positive cases adjusted for available data on Annual Risk on Infection (ARI) for Kerala (estimated new smear positive cases = 50 lakh), Himachal Pradesh (estimated new smear positive cases = 115 /lakh) and Manipur (estimated new smear + ve cases 100 per lakh). For all other states, estimated total new smear-positive cases=85/lakh.

+ Cure rate and success rate are not expected to States that began implementing RNTP after second quarter of 2001.